

36272

No. 2
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5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **9765**

FILED NOV 18 1943 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital,
Max C. Starkloff Memorial**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 Days**
In this community _____ (Specify whether
years, months or days) **0**

3. (a) PRINT **Thelma Daniel**
FULL NAME
3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex **female** 5. Color or _____
race **white** 6. (a) Single, widowed, married, _____
6. (b) Name of husband or wife **Arnold Daniel** 6. (c) Age of husband or wife if
alive **36** years
7. Birth date of deceased **January 9th 1911**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 **9** **25** _____ hr. _____ min.

9. Birthplace **Illmo; Missouri** _____
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **(UNKNOWN)** **Missouri** _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen McCullough**

15. Birthplace **Missouri** _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Arnold Daniel-husband,**
4272a Labadie Avenue

(b) Address **curial**
17. (a) _____ (b) Date thereof **11-9-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Illmo, Missouri**
Sullivan Bro's

18. (a) Signature of funeral director **2849 N. Euclid ave.**
(b) Address _____

19. (a) **NOV 8 1943** (b) **J. Z. Brunck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4272a Labadie Ave.,**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **3,**
year **1943** hour **10:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **October**
18, 19**43,** to **November 3,** 19**43**
that I last saw her alive on **November 3,** 19**43**
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Hypertension
Left Renal Calculi
+ Pyelonephritis
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Renal Calculi**
Of operations **Pyelonephritis**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. Z. Brunck** (M. D. or other) _____
Address **1515 Lafayette Avenue,** Date signed **11/4/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert V. L. Mayfield

Licensed Embalmer No. 3077

P. O. Address St. Louis, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.